

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Sean Matthew Frazer

Liquid Events Worldwide
Write the full name of each plaintiff.

____ CV ____

(Include case number if one has been assigned)

-against-

WEWORK INC.

COMPLAINT

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

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NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ Federal Question

☐ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

41 USCODE 6903

31 USCODE 3729

41 USCODE 6503

B. If you checked Diversity of Citizenship**1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, Sena Matthew Finnegan ^{EX ALL}, is a citizen of the State of
(Plaintiff's name)

New York

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of _____
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____.

If the defendant is a corporation:

The defendant, HEWLETT, is incorporated under the laws of

the State of NEW YORK

and has its principal place of business in the State of NEW YORK

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in NEW YORK

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Seorn Matthew Finnegan
First Name Middle Initial Last Name

470 L'ENFANT PLAZA SW Suite 604-44741
Street Address

Washington DC 20026
County, City State Zip Code

855-846-5800 _____
Telephone Number Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

WEWORK
 First Name Last Name
 Current Job Title (or other identifying information)
199 Water Street 34th Floor
 Current Work Address (or other address where defendant may be served)
New York NY 10038
 County, City State Zip Code

Defendant 2:

 First Name Last Name
 Current Job Title (or other identifying information)

 Current Work Address (or other address where defendant may be served)

 County, City State Zip Code

Defendant 3:

 First Name Last Name
 Current Job Title (or other identifying information)

 Current Work Address (or other address where defendant may be served)

 County, City State Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence: MIAMI, Washington, New York, Atlanta, Miami Beach, Virginia, Beverly Hills, and others.

Date(s) of occurrence: On or around April 2019 - Present Day.

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

- The defendant has breached contracts and agreements numerous times in the above mentioned locations.
- The defendant has harassed and stalked the Plaintiff.
- The defendant has sexually harassed the Plaintiff.
- The defendant has verbally abused the Plaintiff.
- The defendant has made up stories and lies to emotionally and physically abuse the Plaintiff.
- The defendant has terminated the Plaintiff's employment.
- The defendant's actions have caused the Plaintiff catastrophic personal and professional damages. Additionally the Plaintiff has been hospitalized because of the defendant numerous times.
- The Plaintiff has been threatened by the defendant.

over and over. The defendant's security
guards are also threatening, abusing, assisting
and harassing the plaintiff.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Confidential - Will disclose to the Court.

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

\$10,000,000.00 and/or lifetime, all access restored,
at no cost and a private office at every
location and/or employment (unterminated) restored.
(SUBJECT TO CHANGE AT ANY TIME)
(NOT SUBJECT TO CHANGE IS THE FOLLOWING)

↳ Defendant must advance payment for any and all
expenses, fees, costs and damages to the Plaintiff
and all corporations. Including but not limited to
relocation costs, fee and any and all travel,
medical and personal expenses, UNTIL this case
or matter is resolved.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

6/28/2021
 Dated
Sean M Finnegan
 First Name Middle Initial Last Name
470 L'ENFANT PLAZA SW Suite 604-44741
 Street Address
Washington DC 2026
 County, City State Zip Code
855-846-5800
 Telephone Number Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☒ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.